

Speech Intensive Registration Form

MAIL TO Powerhouse Therapy, 1525 Haven Crest Drive, Powder Springs, GA 30127
Preregistration phone consult required prior to registering 404-933-9869

Child's Information

1. **Full Name of Child:** _____
 2. **Date of Birth:** _____
 3. **Age:** _____
 4. **Gender:**
 Male Female
 5. **Primary Language Spoken:** _____
 6. **Does the child have any preferred communication methods?**
 Yes
 No
If yes, please specify: _____
-

Parent/Guardian Information

7. **Parent/Guardian Name(s):** _____
 8. **Relationship to Child:** _____
 9. **Phone Number (Mobile):** _____
 10. **Email Address:** _____
 11. **Home Address:** _____
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Emergency Contact Information

12. **Emergency Contact Name:** _____
 13. **Relationship to Child:** _____
 14. **Phone Number:** _____
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Medical Information

15. Pediatrician/Primary Care Physician Name: _____

16. Phone Number: _____

17. Does the child have any medical conditions and diagnosis?

Yes

No

If yes, please list conditions and any relevant details:

18. Current Medications: _____

Please list any medications your child is currently taking

19. Is there anything else we should know about your child's medical history or current medical status? Please describe here.

Developmental History

Please list the ages your child achieved the following developmental milestones:

Skills	Age achieved
Sat independently	
Crawled	
Walked independently	
Babbled	
Said first words	
Combined two words	
Produced sentences	



20. Does the child have a history of speech, language, or hearing concerns?

Yes

No

If yes, please provide details (e.g., history of ear infections, speech delays, etc.):

21. Has the child received speech therapy before?

Yes

No

If yes, please provide details (e.g., when, type of therapy, and therapist's name):

Speech Therapy Goals & Concerns

21. What are the primary concerns regarding your child's speech or language?

Speech delays

Articulation issues (difficulty pronouncing sounds)

Language comprehension or expression

Stuttering

Other: _____

Please describe the concern in more detail:

22. Are there any specific goals or areas you would like the therapist to focus on? _____

23. Is there any additional information or context that would help in understanding your child's speech or language development?

How does your child communicate currently (circle all that apply)

Pointing and Gestures	Two-word combinations
Babbling	Simple 3-4 word phrases
Manual signs	Sentences with some errors
Single words	

Parent/Guardian Signature: _____

Date: _____
